

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BS</i>		<i>4/20/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>4/20/99</i>
FINALITY REVIEW	<i>EF</i>	<i>71868</i>	<i>4-28-99</i>

# INDEX OF CLAIMS

+ 1 2 3  
 ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

# Index of Claims



Application No.

09/289,208

Examiner

John J. Guarriello

Applicant(s)

HOWLAND, CHARLES A.

Art Unit

1771

✓	Rejected
≡	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

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see attached